12/10/01

185

<u></u>	Approved for use through 09/30/2000. OMB 0651-0000		
er the Paperwork Reduction Act of 1995, no persons are require	Fallent and Trademark Office: U.S. DEPARTMENT OF COMMERCE 66 to respond to a collection of information unless it displays a valid OMB control number		
UTILITY	Attorney Docker No. 239 POD3'		
PATENT APPLICATION	First Inventor or Application Identifier		
TRANSMITTAL	THE SOCKET WRENCH		
Inly for new nonprovisional applications under 37 C.F.R. § 1.53(b)	b) Express Mail Label No		
APPLICATION ELEMENTS ee MPEP chapter 600 concerning utility patent application content	Application ADDRESS TO: Box Petent Application Washington, DC, 20231		
* Fee Transmittal Form (e.g., PTO/SB/9) 2.1	5 Microficha Computer Process (Secondis)		
(Submit an original and a duplicate for fee processing) Specification Total Pages \$\forall \$\forall	7) . 6. Nucleotide and/or Amino Acid Sequence Submission		
(preferred arrangement set forth below)	(if applicable, all necessary)		
Descriptive title of the Invention Cross References to Related Applications			
- Statement Regarding Fed sponsored R & D	b. Paper Copy (identical to computer copy)		
- Reference to Microfiche Appendix	c Statement verifying identity of above copies		
- Background of the Invention	ACCOMPANYING APPLICATION PARTS		
- Brief Summary of the Invention - Brief Description of the Drawings (if filed)	7 Assignment Papers (cover sheet & document(s))		
- Detailed Description	37 C.F.R.§3.73(b) Statement Power of		
- Ciam(s)	[When mere is an assignee] [V] Altomey		
- Abstract of the Disclosure	9. English Translation Document (if applicable)		
Drawing(s) (35 U.S.C. 113) [Total Sheets 1	10. Statement (IOS)/PTC-1449 Citations		
Oath or Declaration [Total Pages]	9 11 Preliminary Amendment		
a. Newly executed (original or copy)	Return Receipt Postcerd (MPEP 503)		
Copy from a prior application (37 C F R	(Should be specifically Itemized)		
(for continuation/divisional with Box 16 comple	(eled) 13 Statement(s) Statement filed in prior application.		
i. DELETION OF INVENTORIS) Signed statement attached dele			
inventor(s) named in the prior app see 37 C.F.R. §§ 1.63(d)(2) and 1	plication, (If foreign priority is claimed)		
Windseldness I St. Womber for Lening in to DAY 1971	THE PARTY OF THE P		
FEER. A SWALL ENTITY STATEMENT IS REQUIRED (ST G.F.R. § 1.27), IF ONE FLED IN A PRIOR APPLICATION IS RELIED UPON IST G.F.R. S	, EACET		
6. If a CONTINUING APPLICATION, check appropriate by	box, and supply the requisits information below and in a preliminary amendment:		
Continuation Divisional Continuation-	-en-part (CIP) of prior application No:		
Prior application information: Examiner	Group / Art Unst:		
nder Sox 4b, is considered a part of the disclosure of the ac	companying confinuation or divisional application and is hereby incorporated by a portion has been inadvertantly omitted from the aubmitted application parts.		
	PONDENCE ADDRESS		
Customer Number or Bar Code Label : ! (Insert Customer N	or Correspondence address below No. or Atlach bar code label hare)		
Russell & Hattie	and the second construction of the second se		
nma (1011111)			
iame / Source			
ocross 1640 Juanine Cau	ut		
1640 Juanine Cou			
or Highland Park s	State Ill. Zip Code 60035		
deress 1640 Juanus Courses Tolopho	State III. Zip Code 60035-		
deress 1640 Juanus Cau iny Hypland Park s ounity Telepho Name (Prinstryne) RYSSELL HATA	State JUL Zip Code 60035-		
direct 1640 Juanus Cau iny Hughland Park s ounity Telepho Name (Prinstryne) RYSSEU HATA Signature Musuli & Ha	State JUL Zip Code 60035- cote Fex T1S Registration No. (Anomorphagent) 16, 817 TUB. Date		
deress 1640 Juanus Courses Tolopho Name (Printfype) Ryssell Hatti Signature Mour Statement: This form is estimated to take 0.2 hours imments on the amount of time you are required to complete the semination, DC 20231. DO NOT SEND FEES OR COMPLETED In	State JUL Zip Code 600357 TOTAL FEX T18 Registration No. (Amorney/Agent) 16, 817		
direct Ity Justine Cau Tolopho Name (Printfyle) R 155ELL HATA Signature Russell & HATA The Hour Statement: This form is estimated to take 0.2 hours ments on the amount of time you are required to complete the semington, DC 20231. DO NOT SEND FEES OR COMPLETED F	State JUL. Zip Code 60035- TIS Registration No. (Ammery/Agent) 16, 817 Date 8 to complete. Tene will vary depending upon the needs of the individual case. Any his form should be sant to the Chief Information Officer, Patent and Trademark Office, FORMS TO THIS ADDRESS. SEND TO: Assistant Commessioner for Patents.		
direct Ity Justine Cau Tolopho Name (Printfyle) R 155ELL HATA Signature Russell & HATA The Hour Statement: This form is estimated to take 0.2 hours ments on the amount of time you are required to complete the semington, DC 20231. DO NOT SEND FEES OR COMPLETED F	State JUL. Zip Code 60035 TIS Registration No. (Ammergi/Agent) 16, 817 Date 8 to complete. Tens will vary depending upon the needs of the individual case. Any his form should be sent to the Chief Information Officer, Patent and Trademark Office, FORMS TO THIS ADDRESS. SEND TO: Assistant Commessioner for Patents,		
direct Ity Justine Cau Tolopho Name (Printfyle) R 155ELL HATA Signature Russell & HATA The Hour Statement: This form is estimated to take 0.2 hours ments on the amount of time you are required to complete the semington, DC 20231. DO NOT SEND FEES OR COMPLETED F	State JU. Zip Code 600357 One Fax T/S Registration No. (Atterney/Agent) 16, 817 Date St Complete. Time will vary depending upon the needs of the individual case. Any los form should be sent in the Chief Information Ciffical Polymer and Trades Case. Any		

Complete if Known

PTO/SB/17 (6/99)

Approved for use through 09/30/2000 OM8 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid DMB control number

	Appropries			
for FY 1999	Filing Date			
Palent fees are subject to enguel revision	First Named	inventor Stieve Some	w	
Small Entity payments must be supported by a small entity state otherwise large entity fees must be peld. See Forms PTOISBID:	teril, 12. Examiner Na	ime		
See 37 C.F.R. §§ 1.27 and 1.28.	Group / Art t	init		
TOTAL AMOUNT OF PAYMENT (\$)	Attorney Do		4	
	1,110,110,100			
METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)		
The Commissioner is hereby authorized to charge 3. ADDITIONAL PEES				
indicated fees and credit any over payments to:		Fee Description	Fee Paid	
Deposit Account		(\$) 55 Surcharge - late filing lee or cath		
Number		a		
Deposit Account	127 50 227	25 Surcharge - late provisional filling lee or cover sheet.		
Name	139 130 139 1	30 Non-English specification		
Charge Any Additional Fee Required	147 2,520 147 2.	520. For filing a request for resimmation		
Under 37 CFR \$5 1.16 and 1.17	112 920" 112	926° Requesting publication of SIR prior to Examinar action		
2. Payment Enclosed:	113 1,840* 113 1	840° Requesting publication of SIR after		
Check Order Other	rear spans to	Examiner ection		
FEE CALCULATION		55 Extension for reply within first month Extension for reply within second month		
1. BASIC FILING FEE	116 380 216 1	The state of the s		
Lerge Entity Small Entity	117 870 217 4	33		
Fee Fee Fee Fee Description Code (5) Code (5) Fee Paid	118 1,360 218 6	The state of the s		
101 760 201 360 Utility filing fee 370	128 1,850 228 9	50 Notice of Appeal		
106 310 206 155 Gesign filing fee	119 300 219 1 120 300 220 1	Edward a belefit or expensed oil an expensel		
107 480 207 240 Plant filing fee	121 260 221	Deminat for and harmon		
108 760 208 380 Réissus filing fee	138 1,510 138 1.	flation in insib so a subtle less supposition		
114 150 214 75 Provisional filing fee	140 110 240	55 Petrion to revive - unavoidable		
SUBTOTAL (1) (\$) 3'70	161 1,210 241	905 Petition to revive - unintentional		
2. EXTRA CLAIM FEES NOW	142 1,210 242	105 Utility Issue lee (or reissue)		
Fac from Extra Cisims helow Fee Paid	143 430 243	215 Dasign issue fee		
Total Claims .20** * X X		290 Plant issue fee		
independent . 3** a X	1	(30 Petrions to the Commissioner		
Multiple Dependent	123 50 123	50 Petitions related to provisional applications		
er number previously páid, if greater; For Reissues, see below	•	Submission of Information Disclosure Stm	1	
Large Entity Small Entity Fee Fee Fee Fee Fee Description	581 40 581	Recording each patent assignment per groperty (times number of properties)		
Code (\$) Códe (\$) 103 18 203 9 Claims in excess of 20	146 760 248	289 Filing a submission after final rejection	 	
102 78 202 39 Independent claims in excess of 3		(37 ČFR § 1.129(a))		
104 260 204 130 Multiple dependent claim, if not peid	149 760 249	380 For each additional invention to be examined (37 CFR § 1.129(b))		
159 78 209 39 "Relesue independent claims	1			
over original petent	Other fee (specify)			
110 18 210 8 ** Resease claims in excess of 20 and over original patent	Other les (specify)			
SUBTOTAL (2) (\$)	PURTOTAL (2) (C)			
300101014 (4)	Reduced by Sesic	ring ree PEG		
SUBMITTED BY		Complete (if applicable)		
Name (FINETYPE) RUSSELLE. HATTI	Registretion (Altomeyl Agen		831-4404	
	H.	Date 1/- 8	-01	
1 Journal o Na	1.7		است و سبب المستبيدووه	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Tradement Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissionar for Patents, Washington, DC 20231.